

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/502325**

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            | 1        |      |                        |      |                        |      |
| 2            |          | 1    |                        |      |                        |      |
| 3            |          | 1    |                        |      |                        |      |
| 4            |          | 1    |                        |      |                        |      |
| 5            |          | 1    |                        |      |                        |      |
| 6            |          | 1    |                        |      |                        |      |
| 7            |          | 1    |                        |      |                        |      |
| 8            |          | 1    |                        |      |                        |      |
| 9            |          | 1    |                        |      |                        |      |
| 10           |          | 1    |                        |      |                        |      |
| 11           |          | 1    |                        |      |                        |      |
| 12           |          | 1    |                        |      |                        |      |
| 13           |          | 1    |                        |      |                        |      |
| 14           |          | 1    |                        |      |                        |      |
| 15           |          | 1    |                        |      |                        |      |
| 16           |          | 1    |                        |      |                        |      |
| 17           |          | 1    |                        |      |                        |      |
| 18           |          | 1    |                        |      |                        |      |
| 19           |          | 1    |                        |      |                        |      |
| 20           |          | 1    |                        |      |                        |      |
| 21           |          | 1    |                        |      |                        |      |
| 22           |          | 1    |                        |      |                        |      |
| 23           |          | 1    |                        |      |                        |      |
| 24           |          | 1    |                        |      |                        |      |
| 25           |          | 1    |                        |      |                        |      |
| 26           |          | 1    |                        |      |                        |      |
| 27           |          | 1    |                        |      |                        |      |
| 28           |          | 1    |                        |      |                        |      |
| 29           |          | 1    |                        |      |                        |      |
| 30           |          | 1    |                        |      |                        |      |
| 31           |          | 1    |                        |      |                        |      |
| 32           |          | 1    |                        |      |                        |      |
| 33           |          | 1    |                        |      |                        |      |
| 34           |          | 1    |                        |      |                        |      |
| 35           |          | 1    |                        |      |                        |      |
| 36           |          | 1    |                        |      |                        |      |
| 37           |          | 1    |                        |      |                        |      |
| 38           |          | 1    |                        |      |                        |      |
| 39           |          | 1    |                        |      |                        |      |
| 40           |          | 1    |                        |      |                        |      |
| 41           |          | 1    |                        |      |                        |      |
| 42           |          | 1    |                        |      |                        |      |
| 43           |          | 1    |                        |      |                        |      |
| 44           |          | 1    |                        |      |                        |      |
| 45           |          | 1    |                        |      |                        |      |
| 46           |          | 1    |                        |      |                        |      |
| 47           |          | 1    |                        |      |                        |      |
| 48           |          | 1    |                        |      |                        |      |
| 49           |          | 1    |                        |      |                        |      |
| 50           |          | 1    |                        |      |                        |      |
| TOTAL IND.   | 1        |      |                        |      |                        |      |
| TOTAL DEP.   | 23       |      |                        |      |                        |      |
| TOTAL CLAIMS | 24       |      |                        |      |                        |      |

|              |      |      |     |      |      |    |      |      |
|--------------|------|------|-----|------|------|----|------|------|
| *            | IND. | DEP. | *   | IND. | DEP. | *  | IND. | DEP. |
| 51           |      |      | 52  |      |      | 53 |      |      |
| 54           |      |      | 55  |      |      | 56 |      |      |
| 57           |      |      | 58  |      |      | 59 |      |      |
| 60           |      |      | 61  |      |      | 62 |      |      |
| 63           |      |      | 64  |      |      | 65 |      |      |
| 66           |      |      | 67  |      |      | 68 |      |      |
| 69           |      |      | 70  |      |      | 71 |      |      |
| 72           |      |      | 73  |      |      | 74 |      |      |
| 75           |      |      | 76  |      |      | 77 |      |      |
| 78           |      |      | 79  |      |      | 80 |      |      |
| 81           |      |      | 82  |      |      | 83 |      |      |
| 84           |      |      | 85  |      |      | 86 |      |      |
| 87           |      |      | 88  |      |      | 89 |      |      |
| 90           |      |      | 91  |      |      | 92 |      |      |
| 93           |      |      | 94  |      |      | 95 |      |      |
| 96           |      |      | 97  |      |      | 98 |      |      |
| 99           |      |      | 100 |      |      |    |      |      |
| TOTAL IND.   |      |      |     |      |      |    |      |      |
| TOTAL DEP.   |      |      |     |      |      |    |      |      |
| TOTAL CLAIMS |      |      |     |      |      |    |      |      |